

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
787-99-5

_____/_____/_____
Date qualified as committee
(If applicable)

Termination – See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED
Date Stamp
2011 DEC 14 AM 8:49
OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Newport Beach Police Management Association
Legislative Action Committee

STREET ADDRESS (NO P.O. BOX)
870 Santa Barbara Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 644-3730

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Orange	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Tom Fischbacher

STREET ADDRESS
870 Santa Barbara Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 644-3730

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Steve Rasmussen (P), Doug Jones (VP), Dale Johnson, Lloyd Whisenant (SEC)

MAILING ADDRESS
870 Santa Barbara Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 644-3730

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12-12-11
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT